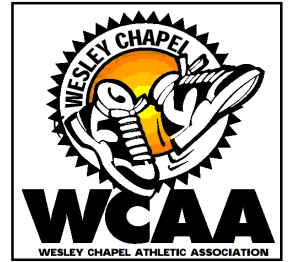


WCAA Warriors Lacrosse – 2012 Registration



ALL PLAYERS MUST BE A MEMBER OF US LACROSSE

Registration fees per team (please circle one):

Boys 7th/8th grade: \$175

Girls 6th/7th/8th grade: \$175

Boys 5th/6th grade: \$175

Boys K-4 & Girls K-5: \$105

Be sure to mark the correct sizes!!

No refunds \$30 fee will be charged on all returned checks.

Note: Uniforms sometimes run small

PLEASE CIRCLE SIZES

Shirt: **YS** YM YL AS AM AL AXL

Shorts: **YS** YM YL AS AM AL AXL

OFFICIAL USE ONLY

Cash Amount \$ _____

Check Amount \$ _____ Check # _____

PLAYER INFORMATION:

US Lacrosse # (MANDATORY): _____

US Lacrosse # Exp. Date: _____

Last Name: _____

First Name: _____

Address: _____

City: _____ Zip: _____

Home Ph: _____

Player Cell: _____

Birth date: _____ Sex (M or F)

Weight: _____ Height: _____

School: _____ Grade _____

MEDICAL INFO

Date of Last Physical: _____

Medical Problem(s) Player has: _____

Does player have asthma? Y N

Allergies: _____

PARENT INFORMATION:

Parent1 (last, first): _____

Parent2 (last, first): _____

Email1: _____

Email2: _____

Parent1 Cell: _____

Parent2 Cell: _____

Emergency Contact: _____

Emerg Phone: _____

PRIOR PLAYING EXPERIENCE:

2010 Lacrosse Team: _____

Other Experience: _____

I, the parent/guardian of the registrant, a minor, agree that I will abide by the rules of the WCAA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury with sports and in consideration for the WCAA accepting the registrant for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify the WCAA, its affiliated organizations and sponsors, their employees, and associated personnel, including the OWNERS OF THE FIELDS and facilities used for the programs, against any claim by or on behalf of the registrant as a result of registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I accept responsibility for providing accurate uniform sizes for my child and agree to bear the cost of a replacement if the uniform provided does not fit. I also agree to volunteer for concession stand duty when asked. I understand that in signing this application, I affirm that the information given above is true and correct. WCAA may be taking photos, videos, and other images of our participants throughout the season. These images will be the property of the WCAA and may be shared with the media and posted on the internet. The WCAA is hereby granted permission to use the image of the participant without further notification. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images and/or video taken for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and websites.

Signature of Parent or Legal Guardian: _____ Print Name: _____ Date: _____

Please make check payable to: WCAA Before you mail, please call & tell us you've sent the form: 813 994-6633

Mail check & form to: WCAA, 5450 CR 581, #304, Wesley Chapel, FL 33543

Www.WarriorsLax.org www.WCLacrosse.com

Questions? Call Coach Joe at (631) 766-6715 or Coach Ed at (813) 241-5284